

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>7794</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>MICHAEL</u> <u>J</u> <u>STAFFORD</u> P.O. Box, Bldg., Room No., if any <u>STE 206</u> Street <u>3159 WINTON ROAD S</u> City <u>ROCHESTER</u> State <u>New York</u> ZIP Code + 4 <u>14623-2984</u>	4. Name, file number, and address of labor organization. Name <u>G.C.I.U LOCAL 503M</u> Labor Organization File Number <u>039-463</u> P.O. Box, Building and Room Number, if any <u>STE 206</u> Street <u>3159 WINTON RD S</u> City <u>ROCHESTER</u> State <u>New York</u> ZIP Code + 4 <u>14623-2984</u>
5. Position in labor organization. <u>PRESIDENT</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>ST IVES/CASE HOYT</u> Trade Name, if any: <u></u> P.O. Box, Bldg., Room No., if any <u>PO BOX 24001</u> Street <u>100 BEAVER ROAD</u> City <u>ROCHESTER</u> State <u>New York</u> ZIP Code + 4 <u>14624-0000</u>	7.a. Nature of Interest, Transaction, or Income. <u>TRIP TO FLORIDA TO VIEW PROPOSED NEW EQUIPMENT-IF PURCHASED WOULD OF RESULTED IN LAYOFF OF 9 MEMBERS</u> <u>AIRFARE (ESTIMATED \$300.)</u> <u>HOTEL (ESTIMATED \$200.)</u> <u>LUNCH (ESTIMATED \$20.)</u> <u>DINNER (ESTIMATED \$30.)</u> 7.b. Amount. <u>\$550</u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Michael Stafford</u>	On <u>8/7/05</u> Date	<u>585-424-1390</u> Telephone Number

Name of Person Filing MICHAEL STAFFORD	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>11.a. Nature of such dealing.</p> <div><input type="text"/></div> <p>11.b. Approximate dollar value of such dealing. <input type="text"/></p> <p>12.a. Nature of interest held or income received.</p> <div><input type="text"/></div> <p>12.b. Amount. <input type="text"/></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>14.a. Nature of payment.</p> <div><input type="text"/></div> <p>14.b. Amount of payment. <input type="text"/></p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	

Name of Person Filing MICHAEL STAFFORD

File Number U-

Part A Continuation Page

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name if any).

Name HAMMER LITHOGRAPH

Trade Name, if any:

P.O. Box, Bldg., Room No., if any PO BOX 22678

Street 200 LUCIUS GORDON DRIVE

City ROCHESTER

State New York ZIP Code + 4 14692-0000

7.a. Nature of Interest, Transaction, or Income.

JAMES HAMMER, OWNER OF HAMMER LITHO, SENT FLOWERS TO MY WIFE (MICHELLE) AND I AFTER THE BIRTH OF OUR SON FLOWERS (ESTIMATED \$50.)

7.b. Amount.

\$50

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name if any).

Name KARPUS INVESTMENT MANAGEMENT

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 183 SULLY'S TRAIL

City PITTSFORD

State New York ZIP Code + 4 14534-4559

7.a. Nature of Interest, Transaction, or Income.

MEET WITH KARPUS REPRESENTATIVE AT CHARITY SPORTS DINNER.

TICKET FACE VALUE \$250

7.b. Amount.

\$250

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name if any).

Name KARPUS INVESTMENT MANAGEMENT

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 183 SULLY'S TRAIL

City PITTSFORD

State New York ZIP Code + 4 14534-4559

7.a. Nature of Interest, Transaction, or Income.

MEET WITH KARPUS REPRESENTATIVES FOR LUNCH LUNCH (ESTIMATED \$25.)

7.b. Amount.

\$25

Name of Person Filing MICHAEL STAFFORD

File Number U-

Part A Continuation Page

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name if any).

Name BLITMAN AND KING LLP

Trade Name, if any:

P.O. Box, Bldg., Room No., if any STE 300

Street 443 FRANKLIN ST

City SYRACUSE

State New York ZIP Code + 4 13204-1415

7.a. Nature of Interest, Transaction, or Income.

ROUND OF GOLF AFTER LABOR LAW SEMINAR
ESTIMATED (\$75.)

7.b. Amount.

\$75

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

7.a. Nature of Interest, Transaction, or Income.

7.b. Amount.

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

7.a. Nature of Interest, Transaction, or Income.

7.b. Amount.